



CEMETERY AND FUNERAL BUREAU
 400 R STREET, SUITE 3040
 SACRAMENTO, CA 95814
 (916) 322-7737 Fax (916) 323-1890



Crematory License 1st Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: May 1, 2000

Crematory Name: _____

License No.: _____

Indicate in the appropriate spaces below the total number of cremations completed during the preceding quarter of January 1, 2000 through March 31, 2000.

A. Number of cremations performed _____ x \$8.50 = _____

Total Due \$ _____

Authorized
 Signature: _____

Date: _____

Title: _____ Telephone: _____



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**Crematory License
2nd Quarter Report**

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: **July 31, 2000**

Crematory Name: _____

License No.: _____

Indicate in the appropriate spaces below the total number of cremations completed during the preceding quarter of April 1, 2000 through June 30, 2000.

A. Number of cremations performed _____ x \$8.50 = _____

Total Due \$ _____

Authorized
Signature: _____

Date: _____

Title: _____ Telephone: _____



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Crematory License 3rd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: October 30, 2000

Crematory Name: _____

License No.: _____

Indicate in the appropriate spaces below the total number of cremations completed during the preceding quarter of July 1, 2000 through September 30, 2000.

A. Number of cremations performed _____ x \$8.50 = _____

Total Due \$ _____

Authorized
 Signature: _____

Date: _____

Title: _____ Telephone: _____



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Crematory License 4th Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: **January 31, 2001**

Crematory Name: _____

License No.: _____

Indicate in the appropriate spaces below the total number of cremations completed during the preceding quarter of October 1, 2000 to December 31, 2000.

A. Number of cremations performed _____ x \$8.50 = _____

Total Due \$ _____

Authorized
 Signature: _____

Date: _____

Title: _____ Telephone: _____